## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00075820
Check If 24-hour report	filed on Man / Dab / Yayayay
Full Name (Last, First, Middle Initial) of Payee FP1 STRATEGIES LLC  Mailing Address PO BOX 16504	Date  M M M / D D / Y Y Y Y Y  Amount
City State Zip Code ALEXANDRIA VA 22302	16500.00 Transaction ID : SE24-0.036488
Purpose of Expenditure MEDIA  Category/ Type  Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: House State: MN Senate District: 07 President
Calendar Year-To-Date Per Election	Check One: Support Oppose  Disbursement For: Primary General  014
for Office Sought  Full Name (Last, First, Middle Initial) of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC	Other (specify)  Date  08  20  2013
Mailing Address 815 SLATERS LANE	Amount
City State Zip Code ALEXANDRIA VA 22314  Purpose of Expenditure Category/	20491.44  Transaction ID : SE24-0.036486  Office Sought: House State: MN
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: 07 President  Check One: Support Oppose
	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	36991.44
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Keith A. Davis  [Electronically Filed] Date  Signature	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y